

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/551205

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			/			
2			/			
3			/			
4			/			
5			/			
6			/			
7			/			
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49						
50						
TOTAL IND.		↓	3	↓		↓
TOTAL DEP.		←	32	←		←
TOTAL CLAIMS			35			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51			/			
52						
53						
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94				/		
95				/		
96				/		
97				/		
98				/		
99						
100						
TOTAL IND.		↓	3	↓		↓
TOTAL DEP.		←	40	←		←
TOTAL CLAIMS			43			